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T TEEE TRANSMITTAL								
× \				Application Number 10/602,905				
d 2 6 2005 ਬੂ FOR FY 2005				Filing Date June 24, 2003 First Named Inventor James A. HOFF				
Effective 12/08/2004. Fees purs April to the Consolidated Appropriations Act (H.R. 4818).				Group Art Unit 2737				
THANK TO SINGUICANT Claims small entity status. See 37 CFR 1.27				Examiner Name James N. Smalley				
Total Amount of Payment (\$) 910.00				Attorney Docket Numbe				
METHOD OF PAYMENT (check all that apply)								
Check Credit card Money Other Other Other (please identify):								
Deposit Account: Deposit Account Numbe 23-3030 Deposit Account Name Woodard, Emhardt, Moriarty, McNett & Henry Lt.P								
See PTO 2038 Form  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  Credit any overpayments  Charge any additional fee(s) during the pendency of this application, excluding the payment of issue								
fees  Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.								
FEE CALCULATION: 1. BASIC FILING, SEARCH AND EXAMINATION FEES								
1. BASIC FILING, SEA	RCH AND EX FILING F			RCH FEES	EYAMINA	TION FEES		
Application Type		Small Entity Fee (\$)	Fee (\$)		Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100	\$	
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80	<del></del>	
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0	<del></del>	
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims								
* 20 or HP	=*	_ × 50	= (\$) *		Fee	Fee Pa	id (\$)	
(HP = highest number of tot Indep. Claims	al claims paid f Extra Claims	T	ee Paid (\$)					
* -3 or HP =	*	× 200	= (\$) *		360	<u>\$</u>	0	
(HP = highest number of independent claims paid for, if greater than 3)								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
	tra Sheets	Number of each add			Fee (\$)	Fee Paid (\$)		
100 = _/:	50 =	(round up	to a whole i	number) x =		0		
4. OTHER FEE(S)  Non-English Specification.  Fee Paid (\$)  0								
Other: Fee to file RCE \$790 Fee for 1 month ext. of time \$120								
SUBMITTED BY:								
Pagistration No.								
			. /	(Attorney/Agent)	28,840		17) 634-3456	
Signature: Sames M. Durlachle Date: October 24, 2005								
CERTIFICATE OF MAILING OR TRANSMISSION								
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Date

October 24, 2005

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